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STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
2008-2009 ANNUAL REPORT
FOR STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

CALIFORNIA REGIONAL WATER
JUN 30 2009
QUALITY CONTROL BOARD

Reporting Period July 1, 2008 through June 30, 2009
2008 - 2009 Annual Report Review

SWARM Database

Report Received

Date Entered: 7/1/09 Initials: AB

Data Entered

Date Entered: 7/30/09 Initials: EM

Comments: _____

WDID: 2 41002742

Confirmation No: 142061

REGIONAL BOARD INFORMATION:

San Francisco Bay Region
1515 Clay Street, Ste. 1400
Oakland, CA 94612

NO samples taken
No explanations
for E.4 - E.9

GENERAL INFORMATION

A. Facility Information:

Cargill Inc Redwood City
295 Seaport Blvd
Redwood City, CA 94063
WDID No: 2 41002742

Facility Contact: Sean Riley
Email: Sean_D_Riley@cargill.com
Phone: 5107908625

SIC Code(s):

2899 Chemicals and Chemical Preparations, NEC

B. Facility Operator Information:

Cargill Inc
7220 Central Ave
Newark, CA 94560

Operator Contact: Sean Riley
Email: Sean_D_Riley@cargill.com
Phone: 510-790-8625

C. Facility Billing Information:

Cargill Inc
7220 Central Ave
Newark, CA 94560

Billing Contact: Sean D. Riley
Email: Sean_D_Riley@cargill.com
Phone: 510-790-8625

2008-2009
ANNUAL REPORT
SPECIFIC INFORMATION

MONITORING AND REPORTING PROGRAM

D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS

1. For the reporting period, was your facility exempt from collecting and analyzing samples from **two** storm events in accordance with sections B.12 or 15 of the General Permit?

☐ **YES** Go to Item D.2

☒ **NO** Go to Section E

2. Indicate the reason your facility is exempt from collecting and analyzing samples from **two** storm events. Attach a copy of the first page of the appropriate certification if you check boxes ii, iii, iv, or v.

i. ☐ Participating in an Approved Group Monitoring Plan

Group Name: _____

ii. ☐ Submitted **No Exposure Certification (NEC)**

Date Submitted: _____

Re-evaluation Date: _____

Does facility continue to satisfy NEC conditions?

☐ **YES**

☐ **NO**

iii. ☐ Submitted **Sampling Reduction Certification (SRC)**

Date Submitted: _____

Re-evaluation Date: _____

Does facility continue to satisfy SRC conditions?

☐ **YES**

☐ **NO**

iv. ☐ Received Regional Board Certification

Certification Date: _____

v. ☐ Received Local Agency Certification

Certification Date: _____

3. If you checked boxes i or iii above, were you scheduled to sample **one** storm event during the reporting year?

☐ **YES** Go to Section E

☐ **NO** Go to Section F

4. If you checked boxes ii, iv, or v, go to Section F.

E. SAMPLING AND ANALYSIS RESULTS

1. How many storm events did you sample? 0

If less than 2, **attach explanation** (if you checked item D.2.i or iii. above, only attach explanation if you answer "0").

2. Did you collect storm water samples from the first storm of the wet season that produced a discharge during scheduled facility operating hours? (Section B.5 of the General Permit)

☐ **YES**

☒ **NO, attach explanation** (Please note that if you do not sample the first storm event, you are still required to sample 2 storm events)

3. How many storm water discharge locations are at your facility? 1

4. For each storm event sampled, did you collect and analyze a sample from each of the facility's storm water discharge locations?

No sample taken
☐ YES, go to Item E.6 ☐ NO

5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit?

☐ YES ☐ NO, attach explanation
No sample taken

If "YES", attach documentation supporting your determination that two or more drainage areas are substantially identical.

Date facility's drainage areas were last evaluated _____

6. Were all samples collected during the first hour of discharge?

No sample taken
☐ YES ☐ NO, attach explanation

7. Was all storm water sampling preceded by three (3) working days without a storm water discharge?

No sample taken
☐ YES ☐ NO, attach explanation

8. Were there any discharges of stormwater that had been temporarily stored or contained? (such as from a pond)

No sample taken
☐ YES ☐ NO, go to Item E.10

9. Did you collect and analyze samples of temporarily stored or contained storm water discharges from two storm events? (or one storm event if you checked item D.2.i or iii. above)

No sample taken
☐ YES ☐ NO, attach explanation

10. Section B.5. of the General Permit requires you to analyze storm water samples for pH, Total Suspended Solids (TSS), Specific Conductance (SC), Total Organic Carbon (TOC) or Oil and Grease (O&G), other pollutants likely to be present in storm water discharges in significant quantities, and analytical parameters listed in Table D of the General Permit.

- a. Does Table D contain any additional parameters related to your facility's SIC code(s)?

☐ YES ☒ NO, Go to Item E.11

- b. Did you analyze all storm water samples for the applicable parameters listed in Table D?

☐ YES ☐ NO No sample taken

- c. If you did not analyze all storm water samples for the applicable Table D parameters, check one of the following reasons:

_____ In prior sampling years, the parameter(s) have not been detected in significant quantities from two consecutive sampling events. **Attach explanation**

_____ The parameter(s) is not likely to be present in storm water discharges and authorized non-storm water discharges in significant quantities based upon the facility operator's evaluation. **Attach explanation**

_____ Other. **Attach explanation**

11. For each storm event sampled, attach a copy of the laboratory analytical reports and report the sampling and analysis results using **Form 1** or its equivalent. The following must be provided for each sample collected:

- Date and time of sample collection
- Name and title of sampler.
- Parameters tested.
- Name of analytical testing laboratory.
- Discharge location identification.
- Testing results.
- Test methods used.
- Test detection limits.
- Date of testing.
- Copies of the laboratory analytical results.

F. QUARTERLY VISUAL OBSERVATIONS

1. **Authorized Non-Storm Water Discharges**

Section B.3.b of the General Permit requires quarterly visual observations of all authorized non-storm water discharges and their sources.

- a. Do authorized non-storm water discharges occur at your facility?

☐ YES ☒ NO Go to Item F.2

- b. Indicate whether you visually observed all authorized non-storm water discharges and their sources during the quarters when they were discharged. **Attach an explanation for any "NO" answers.** Indicate "N/A" for quarters without any authorized non-storm water discharges.

July -September ☐ YES ☐ NO ☐ N/A October-December ☐ YES ☐ NO ☐ N/A
January-March ☐ YES ☐ NO ☐ N/A April-June ☐ YES ☐ NO ☐ N/A

- c. Use **Form 2** to report quarterly visual observations of authorized non-storm water discharges or provide the following information.

- i. name of each authorized non-storm water discharge
- ii. date and time of observation
- iii. source and location of each authorized non-storm water discharge
- iv. characteristics of the discharge at its source and impacted drainage area/discharge location
- v. name, title, and signature of observer
- vi. **any** new or revised BMPs necessary to reduce or prevent pollutants in authorized non-storm water discharges. Provide new or revised BMP implementation date.

2. **Unauthorized Non-Storm Water Discharges**

Section B.3.a of the General Permit requires quarterly visual observations of all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources.

- a. Indicate whether you visually observed all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources. **Attach an explanation for any "NO" answers.**

July -September ☒ YES ☐ NO October-December ☒ YES ☐ NO
January-March ☒ YES ☐ NO April-June ☒ YES ☐ NO

- b. Based upon the quarterly visual observations, were any unauthorized non-storm water discharges detected?

☐ YES ☒ NO Go to item F.2.d

- c. Have each of the unauthorized non-storm water discharges been eliminated or permitted?

☐ YES ☐ NO **Attach explanation**

- d. Use **Form 3** to report quarterly unauthorized non-storm water discharge visual observations or provide the following information.

- i. name of each unauthorized non-storm water discharge.
- ii. date and time of observation.
- iii. source and location of each unauthorized non-storm water discharge.
- iv. characteristics of the discharge at its source and impacted drainage area/discharge location.
- v. name, title, and signature of observer.
- vi. **any** corrective actions necessary to eliminate the source of each unauthorized non-storm water discharge and to clean impacted drainage areas. Provide date unauthorized non-storm water discharge(s) was eliminated or scheduled to be eliminated.

G. MONTHLY WET SEASON VISUAL OBSERVATIONS

Section B.4.a of the General Permit requires you to conduct monthly visual observations of storm water discharges at all storm water discharge locations during the wet season. These observations shall occur during the first hour of discharge or, in the case of temporarily stored or contained storm water, at the time of discharge.

1. Indicate below whether monthly visual observations of storm water discharges occurred at all discharge locations. **Attach an explanation for any "NO" answers.** Include in this explanation whether any eligible storm events occurred during scheduled facility operating hours that did not result in a storm water discharge, and provide the date, time, name and title of the person who observed that there was no storm water discharge.

	YES	NO
October	<input checked="" type="checkbox"/>	<input type="checkbox"/>
November	<input checked="" type="checkbox"/>	<input type="checkbox"/>
December	<input checked="" type="checkbox"/>	<input type="checkbox"/>
January	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	YES	NO
February	<input checked="" type="checkbox"/>	<input type="checkbox"/>
March	<input checked="" type="checkbox"/>	<input type="checkbox"/>
April	<input checked="" type="checkbox"/>	<input type="checkbox"/>
May	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. Report monthly wet season visual observations using **Form 4** or provide the following information.

- a. date, time, and location of observation
- b. name and title of observer
- c. characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed.
- d. any new or revised BMPs necessary to reduce or prevent pollutants in storm water discharges. Provide new or revised BMP implementation date.

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

H. ACSCE CHECKLIST

Section A.9 of the General Permit requires the facility operator to conduct one ACSCE in each reporting period (July 1-June 30). Evaluations must be conducted within 8-16 months of each other. The SWPPP and monitoring program shall be revised and implemented, as necessary, within 90 days of the evaluation. The checklist below includes the minimum steps necessary to complete a ACSCE. Indicate whether you have performed each step below. **Attach an explanation for any "NO" answers.**

1. Have you inspected all potential pollutant sources and industrial activities areas? ☒ YES ☐ NO
The following areas should be inspected:

- areas where spills and leaks have occurred during the last year.
- outdoor wash and rinse areas.
- process/manufacturing areas.
- loading, unloading, and transfer areas.
- waste storage/disposal areas.
- dust/particulate generating areas.
- erosion areas.
- building repair, remodeling, and construction
- material storage areas
- vehicle/equipment storage areas
- truck parking and access areas
- rooftop equipment areas
- vehicle fueling/maintenance areas
- non-storm water discharge generating areas

2. Have you reviewed your SWPPP to assure that its BMPs address existing potential pollutant sources and industrial activities areas? ☒ YES ☐ NO

3. Have you inspected the entire facility to verify that the SWPPP's site map, is up-to-date? The following site map items should be verified: ☒ YES ☐ NO

- facility boundaries
- outline of all storm water drainage areas
- areas impacted by run-on
- storm water discharges locations
- storm water collection and conveyance system
- structural control measures such as catch basins, berms, containment areas, oil/water separators, etc.

4. Have you reviewed all General Permit compliance records generated since the last annual evaluation?

☒ YES

☐ NO

The following records should be reviewed:

- quarterly authorized non-storm water discharge visual observations
- monthly storm water discharge visual observation
- records of spills/leaks and associated clean-up/response activities
- quarterly unauthorized non-storm water discharge visual observations
- Sampling and Analysis records
- preventative maintenance inspection and maintenance records

5. Have you reviewed the major elements of the SWPPP to assure compliance with the General Permit?

☒ YES

☐ NO

The following SWPPP items should be reviewed:

- pollution prevention team
- list of significant materials
- description of potential pollutant sources
- assessment of potential pollutant sources
- identification and description of the BMPs to be implemented for each potential pollutant source

6. Have you reviewed your SWPPP to assure that a) the BMPs are adequate in reducing or preventing pollutants in storm water discharges and authorized non-storm water discharges, and b) the BMPs are being implemented?

☒ YES

☐ NO

The following BMP categories should be reviewed:

- good housekeeping practices
- spill response
- employee training
- erosion control
- quality assurance
- preventative maintenance
- material handling and storage practices
- waste handling/storage
- structural BMPs

7. Has all material handling equipment and equipment needed to implement the SWPPP been inspected?

☒ YES

☐ NO

I. ACSCE EVALUATION REPORT

The facility operator is required to provide an evaluation report that includes:

- identification of personnel performing the evaluation
- the date(s) of the evaluation
- necessary SWPPP revisions
- schedule for implementing SWPPP revisions
- any incidents of non-compliance and the corrective actions taken.

Use **Form 5** to report the results of your evaluation or develop an equivalent form.

J. ACSCE CERTIFICATION

The facility operator is required to certify compliance with the Industrial Activities Storm Water General Permit. To certify compliance, both the SWPPP and Monitoring Program must be up to date and be fully implemented.

Based upon your ACSCE, do you certify compliance with the Industrial Activities Storm Water General Permit?

☒ YES

☐ NO

If you answered "NO" **attach an explanation** to the ACSCE Evaluation Report why you are not in compliance with the Industrial Activities Storm Water General Permit.

ATTACHMENT SUMMARY

Answer the questions below to help you determine what should be attached to this annual report. Answer NA (Not Applicable) to questions 2-4 if you are not required to provide those attachments.

1. Have you attached Forms 1,2,3,4, and 5 or their equivalent?
2. If you conducted sampling and analysis, have you attached the laboratory analytical reports?
3. If you checked box II, III, IV, or V in item D.2 of this Annual Report, have you attached the first page of the appropriate certifications?
4. Have you attached an explanation for each "NO" answer in items E.1, E.2, E.5-E.7, E.9, E.10.c, F.1.b, F.2.a, F.2.c, G.1, H.1-H.7, or J?

☒ YES (Mandatory)

☐ YES

☐ NO

☒ NA

☐ YES

☐ NO

☒ NA

☒ YES

☐ NO

☐ NA

ANNUAL REPORT CERTIFICATION

I am duly authorized to sign reports required by the INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT (see Standard Provision C.9) and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

on behalf of Cargill
Printed Name: Sean D. Riley

Signature: 

Date: 6/30/09

Title: Environmental Mgr.

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DESCRIPTION OF BASIC ANALYTICAL PARAMETERS

The Industrial Activities Storm Water General Permit (General Permit) requires you to analyze storm water samples for at least four parameters. These are pH, Total Suspended Solids (TSS), Specific Conductance (SC), and Total Organic Carbon (TOC). Oil and Grease (O&G) may be substituted for TOC. In addition, you must monitor for any other pollutants which you believe to be present in your storm water discharge as a result of industrial activity and analytical parameters listed in Table D of the General Permit. There are no numeric limitations for the parameters you test for.

The four parameters which the General Permit requires to be tested are considered *indicator* parameters. In other words, regardless of what type of facility you operate, these parameters are nonspecific and general enough to usually provide some indication whether pollutants are present in your storm water discharge. The following briefly explains what each of these parameters mean:

pH is a numeric measure of the hydrogen-ion concentration. The neutral, or acceptable, range is within 6.5 to 8.5. At values less than 6.5, the water is considered acidic; above 8.5 it is considered alkaline or basic. An example of an acidic substance is vinegar, and a alkaline or basic substance is liquid antacid. Pure rainfall tends to have a pH of a little less than 7. There may be sources of materials or industrial activities which could increase or decrease the pH of your storm water discharge. If the pH levels of your storm water discharge are high or low, you should conduct a thorough evaluation of all potential pollutant sources at your site.

Total Suspended Solids (TSS) is a measure of the undissolved solids that are present in your storm water discharge. Sources of TSS include sediment from erosion of exposed land, and dirt from impervious (i.e. paved) areas. Sediment by itself can be very toxic to aquatic life because it covers feeding and breeding grounds, and can smother organisms living on the bottom of a water body. Toxic chemicals and other pollutants also adhere to sediment particles. This provides a medium by which toxic or other pollutants end up in our water ways and ultimately in human and aquatic life. TSS levels vary in runoff from undisturbed land. It has been shown that TSS levels increase significantly due to land development.

Specific Conductance (SC) is a numerical expression of the ability of the water to carry an electric current. SC can be used to assess the degree of mineralization, salinity, or estimate the total dissolved solids concentration of a water sample. Because of air pollution, most rain water has a SC a little above zero. A high SC could affect the usability of waters for drinking, irrigation, and other commercial or industrial use.

Total Organic Carbon (TOC) is a measure of the total organic matter present in water. (All organic matter contains carbon) This test is sensitive and able to detect small concentrations of organic matter. Organic matter is naturally occurring in animals, plants, and man. Organic matter may also be man made (so called synthetic organics). Synthetic organics include pesticides, fuels, solvents, and paints. Natural organic matter utilizes the oxygen in a receiving water to biodegrade. Too much organic matter could place a significant oxygen demand on the water, and possibly impact its quality. Synthetic organics either do not biodegrade or biodegrade very slowly. Synthetic organics are a source of toxic chemicals that can have adverse affects at very low concentrations. Some of these chemicals bioaccumulate in aquatic life. If your levels of TOC are high, you should evaluate all sources of natural or synthetic organics you may use at your site.

Oil and Grease (O&G) is a measure of the amount of oil and grease present in your storm water discharge. At very low concentrations, O&G can cause a sheen (that floating "rainbow") on the surface of water (1 qt. of oil can pollute 250,000 gallons of water). O&G can adversely affect aquatic life and create unsightly floating material and film on water, thus making it undrinkable. Sources of O&G include maintenance shops, vehicles, machines and roadways.

If you have any questions regarding whether or not your constituent concentrations are too high, please contact your local Regional Board office. The United States Environmental Protection Agency (USEPA) has published stormwater discharge benchmarks for a number of parameters. These benchmarks may be helpful when evaluating whether additional BMPs are appropriate. These benchmarks can be accessed at our website at <http://www.swrcb.ca.gov>. It is contained in the Sampling and Analysis Reduction Certification.

See Storm Water Contacts at

<http://www.waterboards.ca.gov/stormwtr/contact.html>

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NO SAMPLES ANALYZED

SIDE A

FORM 1-SAMPLING & ANALYSIS RESULTS

FIRST STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank

- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.
- Make additional copies of this form as necessary.

NAME OF PERSON COLLECTING SAMPLE(S): _____ TITLE: _____ SIGNATURE: _____

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event											
			BASIC PARAMETERS					OTHER PARAMETERS						
			pH	TSS	SC	O&G	TOC							
	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM												
	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM												
	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM												
	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM												
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l							
TEST METHOD DETECTION LIMIT:														
TEST METHOD USED:														
ANALYZED BY (SELF/LAB):														

TSS - Total Suspended Solids

SC - Specific Conductance

O&G - Oil & Grease

TOC - Total Organic Carbon

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NO SAMPLES ANALYZED

SIDE B

FORM 1-SAMPLING & ANALYSIS RESULTS

SECOND STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank

- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.
- Make additional copies of this form as necessary.

NAME OF PERSON COLLECTING SAMPLE(S): _____ TITLE: _____ SIGNATURE: _____

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event											
			BASIC PARAMETERS					OTHER PARAMETERS						
			pH	TSS	SC	O&G	TOC							
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM												
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM												
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM												
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM												
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l							
TEST METHOD DETECTION LIMIT:														
TEST METHOD USED:														
ANALYZED BY (SELF/LAB):														

TSS - Total Suspended Solids

SC - Specific Conductance

O&G - Oil & Grease

TOC - Total Organic Carbon

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THERE ARE NO AUTHORIZED NON-STORMWATER
DISCHARGES AT THIS LOCATION.

SIDE A

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED
NON-STORM WATER DISCHARGES (NSWDs)

- Quarterly dry weather visual observations are required of each authorized NSWD.
- Observe each authorized NSWD source, impacted drainage area, and discharge location.

- Authorized NSWDs must meet the conditions provided in Section D (pages 5-6), of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: JULY-SEPT. DATE: _____	Observers Name: _____ Title: _____ Signature: _____	<div style="text-align: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?
QUARTER: OCT.-DEC. DATE: _____	Observers Name: _____ Title: _____ Signature: _____	<div style="text-align: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?
QUARTER: JAN.-MARCH DATE: _____	Observers Name: _____ Title: _____ Signature: _____	<div style="text-align: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?
QUARTER: APRIL-JUNE DATE: _____	Observers Name: _____ Title: _____ Signature: _____	<div style="text-align: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?

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SIDE B

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED
NON-STORM WATER DISCHARGES (NSWDs)

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD <u>EXAMPLE:</u> Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD <u>EXAMPLE:</u> Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc.		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
_____ ____ <input type="checkbox"/> AM ____ <input type="checkbox"/> PM					
_____ ____ <input type="checkbox"/> AM ____ <input type="checkbox"/> PM					
_____ ____ <input type="checkbox"/> AM ____ <input type="checkbox"/> PM					
_____ ____ <input type="checkbox"/> AM ____ <input type="checkbox"/> PM					
_____ ____ <input type="checkbox"/> AM ____ <input type="checkbox"/> PM					

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SIDE A

FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED
NON-STORM WATER DISCHARGES (NSWDs)

- Unauthorized NSWDs are discharges (such as wash or rinse waters) that do not meet the conditions provided in Section D (pages 5-6) of the General Permit.
- Quarterly visual observations are required to observe current and detect prior unauthorized NSWDs.
- Quarterly visual observations are required during dry weather and at all facility drainage areas.
- Each unauthorized NSWD source, impacted drainage area, and discharge location must be identified and observed.
- Unauthorized NSWDs that can not be eliminated within 90 days of observation must be reported to the Regional Board in accordance with Section A.10.e of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: JULY-SEPT. DATE/TIME OF OBSERVATIONS 9/10/08 10:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Observers Name: <u>Danis Lal</u> Title: <u>Supervisor</u> Signature: _____	WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES to either question, complete reverse side.
QUARTER: OCT.-DEC. DATE/TIME OF OBSERVATIONS 12/11/08 1400 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Observers Name: <u>Danis Lal</u> Title: <u>Supervisor</u> Signature: _____	WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES to either question, complete reverse side.
QUARTER: JAN.-MARCH DATE/TIME OF OBSERVATIONS 1/22/09 1300 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Observers Name: <u>Danis Lal</u> Title: <u>Supervisor</u> Signature: _____	WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES to either question, complete reverse side.
QUARTER: APRIL-JUNE DATE/TIME OF OBSERVATIONS 5/13/09 1300 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Observers Name: <u>Danis Lal</u> Title: <u>Supervisor</u> Signature: _____	WERE UNAUTHORIZED NSWDs OBSERVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES to either question, complete reverse side.

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FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED
NON-STORM WATER DISCHARGES (NSWDs)

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD EXAMPLE: Vehicle Wash Water	SOURCE AND LOCATION OF UNAUTHORIZED NSWD EXAMPLE: NW Corner of Parking Lot	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.
			AT THE UNAUTHORIZED NSWD SOURCE	AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION	
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM					

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ANNUAL REPORT
FORM 4-MONTHLY VISUAL OBSERVATIONS OF
STORM WATER DISCHARGES

SIDE A

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

Observation Date: October <u>30</u> 2008 Observers Name: <u>Danis Lal</u> Title: <u>Supervisor</u> Signature: _____	Drainage Location Description	#1 SEE	#2 ATTACHED	#3 FORM	#4
	Observation Time	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: November <u>26</u> 2008 Observers Name: <u>Danis Lal</u> Title: <u>Supervisor</u> Signature: _____	Drainage Location Description	#1 SEE	#2 ATTACHED	#3 FORM	#4
	Observation Time	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: December <u>14</u> 2008 Observers Name: <u>Danis Lal</u> Title: <u>Supervisor</u> Signature: _____	Drainage Location Description	#1 SEE	#2 ATTACHED	#3 FORM	#4
	Observation Time	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Observation Date: January <u>30</u> 2009 Observers Name: <u>Danis Lal</u> Title: <u>Supervisor</u> Signature: _____	Drainage Location Description	#1 SEE	#2 ATTACHED	#3 FORM	#4
	Observation Time	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Time Discharge Began	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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SIDE B

FORM 4-MONTHLY VISUAL OBSERVATIONS OF
STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
	EXAMPLE: Discharge from material storage Area #2	Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM				
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM				
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM				
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM				
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM				

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FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF

SIDE A

STORM WATER DISCHARGES

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.

- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

Observation Date: February <u>5</u> 2009 Observers Name: <u>Danis Lal</u> Title: <u>Supervisor</u> Signature: _____	Drainage Location Description	#1	SEE	#2	ATTACHED	#3	FORM	#4
	Observation Time		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	
	Time Discharge Began		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	
	Were Pollutants Observed (If yes, complete reverse side)		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Observation Date: March <u>10</u> 2009 Observers Name: <u>Danis Lal</u> Title: <u>Supervisor</u> Signature: _____	Drainage Location Description	#1	SEE	#2	ATTACHED	#3	FORM	#4
	Observation Time		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	
	Time Discharge Began		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	
	Were Pollutants Observed (If yes, complete reverse side)		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Observation Date: April <u>7</u> 2009 Observers Name: <u>Danis Lal</u> Title: <u>Supervisor</u> Signature: _____	Drainage Location Description	#1	SEE	#2	ATTACHED	#3	FORM	#4
	Observation Time		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	
	Time Discharge Began		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	
	Were Pollutants Observed (If yes, complete reverse side)		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Observation Date: May <u>29</u> 2009 Observers Name: <u>Danis Lal</u> Title: <u>Supervisor</u> Signature: _____	Drainage Location Description	#1	SEE	#2	ATTACHED	#3	FORM	#4
	Observation Time		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	
	Time Discharge Began		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.		<input type="checkbox"/> P.M. <input type="checkbox"/> A.M.	
	Were Pollutants Observed (If yes, complete reverse side)		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	

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SIDE B

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF
STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<u>EXAMPLE:</u> Discharge from material storage Area #2	Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	<u>EXAMPLE:</u> Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM				
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM				
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM				
_____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM				

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SEE ATTACHED FORM

SIDE A

FORM 5-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: 4/7/09 INSPECTOR NAME: Sean Riley TITLE: Environmental Manager SIGNATURE: _____

<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)</p> <p>RWC DOCK</p>	<p>HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If yes, to either question, complete the next two columns of this form</p>	<p>Describe deficiencies in BMPs or BMP implementation</p>	<p>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</p>
<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)</p>	<p>HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, to either question, complete the next two columns of this form</p>	<p>Describe deficiencies in BMPs or BMP implementation</p>	<p>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</p>
<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)</p>	<p>HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, to either question, complete the next two columns of this form</p>	<p>Describe deficiencies in BMPs or BMP implementation</p>	<p>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</p>
<p>POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)</p>	<p>HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, to either question, complete the next two columns of this form</p>	<p>Describe deficiencies in BMPs or BMP implementation</p>	<p>Describe additional/revised BMPs or corrective actions and their date(s) of implementation</p>

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SIDE B

**FORM 5 (Continued)-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS**

EVALUATION DATE: _____ INSPECTOR NAME: _____ TITLE: _____ SIGNATURE: _____

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	ARE ADDITIONAL/REVISED BMPs NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Attachment to Annual Report
Explanations for Questions in Annual Report Questionnaire
2008 – 2009 Season (July 1, 2008– June 30, 2009)
Cargill Salt – Redwood City

Prepared by: Dana Johnston
Company: Crawford Consulting, Inc.

Item E.1. Justification that less than 2 storm events were sampled

There were no eligible storm events that produced a discharge of sufficient size and duration to sample during the period of October 2008 through May 2009.

Item E.2. Justification that samples were not collected during the first storm event

There were no eligible storm events that produced a discharge of sufficient size and duration to sample during the period of October 2008 through May 2009.

Annual Comprehensive Site Compliance Evaluation

Evaluation Date: April 7, 2009

1. Review monitoring reports ✓ inspection records ✓ sampling results —
2. Visually inspect all potential pollutant sources and spill response equipment (list below):

Inspected Area/Location

Evidence of/Potential for Pollutants

Dock

None, same operations, conditions

3. Review and evaluate existing BMPs:

Are any SWPPP revisions necessary: None, the dock is only used
10-15 days per year.

Have there been any incidents of non-compliance, and if so, what corrective actions have been taken: none

Evaluated By: Sean D. Riley [Signature] Environmental Mgr.

Evaluated By: _____

Evaluated By: _____

Evaluated By: _____

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Sean D. Riley

[Signature]

Environmental Mgr.

NON-STORM WATER DISCHARGE VISUAL OBSERVATION

Visual observations for the presence of unauthorized non-storm water discharges are required quarterly, during daylight hours, on days with no storm water discharges, and during scheduled facility operating hours. Quarterly observations shall be conducted in each of the following periods: January-March, April-June, July-September, and October-December. Observations shall occur within 6-18 weeks of each other.

Non-Storm Water Discharge Observed

Yes ☒ No

Indications of Prior Non-Storm Water Discharge

Yes ☒ No

If either of the above is yes (leave blank if no non-storm water discharge observed):

Discharge Location	Discharge Characteristics	Source of Discharge
RWC Docks	Stains Sludges NONE Odor Other:	Collection Ducts & the Dock, as well as surrounding area.

Comments/Corrective Action Taken: Dock & collecting ducts were dry & free of any discharge characteristics.

Inspector's Name Danishat

Title: Supervisor

Signature [Signature]

Date: 9/10/08 Time 10:00 ☒ am/pm

NON-STORM WATER DISCHARGE VISUAL OBSERVATION

Visual observations for the presence of unauthorized non-storm water discharges are required quarterly, during daylight hours, on days with no storm water discharges, and during scheduled facility operating hours. Quarterly observations shall be conducted in each of the following periods: January-March, April-June, July-September, and October-December. Observations shall occur within 6-18 weeks of each other.

Non-Storm Water Discharge Observed

Yes ☒ No

Indications of Prior Non-Storm Water Discharge

Yes ☒ No

If either of the above is yes (leave blank if no non-storm water discharge observed):

Discharge Location	Discharge Characteristics	Source of Discharge
RWE Dock	Stains Sludges	Collecting Docks at Redwood City Docks.
	Odor Other: NO STAINS, ODORS, OR RESIDUAL OBSERVED.	

Comments/Corrective Action Taken: _____

Inspector's Name SANIT LAL

Title: SUPERVISOR

Signature [Signature]

Date: 12/11/08 Time 1400 am/pm pm

NON-STORM WATER DISCHARGE VISUAL OBSERVATION

Visual observations for the presence of unauthorized non-storm water discharges are required quarterly, during daylight hours, on days with no storm water discharges, and during scheduled facility operating hours. Quarterly observations shall be conducted in each of the following periods: January-March, April-June, July-September, and October-December. Observations shall occur within 6-18 weeks of each other.

Non-Storm Water Discharge Observed

Yes ☒ No

Indications of Prior Non-Storm Water Discharge

Yes ☒ No

If either of the above is yes (leave blank if no non-storm water discharge observed):

Discharge Location	Discharge Characteristics	Source of Discharge
Redwood City Docks.	Stains Sludges	Collection Docks at Redwood City Docks.
	Odor Other: none.	142.

Comments/Corrective Action Taken: No water or run off was observed
around or near both collecting docks.

Inspector's Name Danislaf
Signature [Signature]

Title: Supervisor
Date: 1/22/09 Time 1300 am/pm ☒

NON-STORM WATER DISCHARGE VISUAL OBSERVATION

Visual observations for the presence of unauthorized non-storm water discharges are required quarterly, during daylight hours, on days with no storm water discharges, and during scheduled facility operating hours. Quarterly observations shall be conducted in each of the following periods: January-March, April-June, July-September, and October-December. Observations shall occur within 6-18 weeks of each other.

Non-Storm Water Discharge Observed

Yes ☐ No ☒

Indications of Prior Non-Storm Water Discharge

Yes ☐ No ☒

If either of the above is yes (leave blank if no non-storm water discharge observed):

Discharge Location	Discharge Characteristics	Source of Discharge
Rue Soles	Stains	Collection Duct 1+2 at Rue Soles.
	Sludges	
	Odor	
	Other: none	

Comments/Corrective Action Taken: No Run off observed; both around or near
collecting ducts.

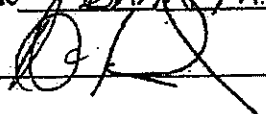
Inspector's Name

Daniel H.

Title:

Supervisor

Signature



Date:

5/13/09

Time

1300

am/pm

pm

WET WEATHER INSPECTION FORM
(STORM WATER DISCHARGE VISUAL OBSERVATION)

Wet weather observations are required to be done during the first hour of discharge during a storm event preceded by at least 3 working days without storm water discharge. Observations are required for each month from October through May.

Within 1st hr of discharge _____ (yes/no)
Preceded by 3 dry days _____ (yes/no)

Approximate time storm water discharge began: _____ am/pm
Approximate amount of discharge _____ gallons

Location:	Observations: (Circle all that apply)	Describe Discharge:	Describe Discharge Source:
RWC Dock	<input type="checkbox"/> Floating Material <input type="checkbox"/> Suspended Material <input type="checkbox"/> Odors <input type="checkbox"/> Oil/Grease Sheen		Collecting Debris at RWC Dock.
	<input type="checkbox"/> Discolorations <input type="checkbox"/> Cloudiness		

Comments/corrective actions taken: Rain began at 1315 on 10/30/08, storm discharge began at 10:55pm, after work hours. Did not get a sample.

Inspector's name Saunder
Signature [Signature]

Title RWC Supervisor
Date 10/30/08 Time 1700

WET WEATHER INSPECTION FORM
(STORM WATER DISCHARGE VISUAL OBSERVATION)

Wet weather observations are required to be done during the first hour of discharge during a storm event preceded by at working days without storm water discharge. Observations are required for each month from October through May.

Within 1st hr of discharge (yes/no)
Preceded by 3 dry days (yes/no)

Approximate time storm water discharge began: 10:30 AM
Approximate amount of discharge gals

Location:	Observations: (Circle all that apply)	Describe Discharge:	Describe Disch:
Redwood City Docks	<input type="checkbox"/> Floating Material <input type="checkbox"/> Suspended Material <input type="checkbox"/> Odors <input type="checkbox"/> Oil/Grease Sheen	Rain Water	Collection Docks at the Dock.
	<input type="checkbox"/> Discolorations <input type="checkbox"/> Cloudiness		

Comments/corrective actions taken: light rain, not enough to get a
sample: Stop the bucket but only had 1/4 of the bucket filled.

Inspector's name Samir Lax
Signature [Signature]

Title SUPERVISOR
Date 11/26/09 Time 10:30 AM

WET WEATHER INSPECTION FORM
(STORM WATER DISCHARGE VISUAL OBSERVATION)

Wet weather observations are required to be done during the first hour of discharge during a storm event preceded by at least 3 working days without storm water discharge. Observations are required for each month from October through May.

Within 1st hr of discharge _____ (yes/no)
Preceded by 3 dry days _____ (yes/no)

Approximate time storm water discharge began: 7:00 am/pm
Approximate amount of discharge _____ gallons

Location:	Observations: (Circle all that apply)	Describe Discharge:	Describe Discharge Source:
<u>Redwood City</u> <u>Solk</u>	<input type="checkbox"/> Floating Material <input type="checkbox"/> Suspended Material <input type="checkbox"/> Odors <input type="checkbox"/> Oil/Grease Sheen	<u>Storm water</u>	<u>Collection Ducts</u> <u>At KWL Solk.</u>
	<input type="checkbox"/> Discolorations <input type="checkbox"/> Cloudiness		

Comments/corrective actions taken: Storm began towards the end of the day,
did not collect sample because courier service would've missed time.

Inspector's name Dennis Pal

Title Supervisor

Signature [Signature]

Date 12/14/08 Time 7:00pm

WET WEATHER INSPECTION FORM
(STORM WATER DISCHARGE VISUAL OBSERVATION)

Wet weather observations are required to be done during the first hour of discharge during a storm event preceded by at least 3 working days without storm water discharge. Observations are required for each month from October through May.

Within 1st hr of discharge _____ (yes/no) (no)
Preceded by 3 dry days _____ (yes/no) (no)

Approximate time storm water discharge began: _____ am/pm
Approximate amount of discharge _____ gallons

Location:	Observations: (Circle all that apply)	Describe Discharge:	Describe Discharge Source:
Redwood City Dak.	<input type="checkbox"/> Floating Material <input type="checkbox"/> Suspended Material <input type="checkbox"/> Odors <input type="checkbox"/> Oil/Grease Sheen	none	Collecting Suits at Rux Dak.
	<input type="checkbox"/> Discolorations <input type="checkbox"/> Cloudiness		

Comments/corrective actions taken: No rain water was observed during the month ~~on~~ during
work hours.

Inspector's name Samir Lak
Signature [Signature]

Title Supervisor
Date 1/30/09 Time 1400

WET WEATHER INSPECTION FORM
(STORM WATER DISCHARGE VISUAL OBSERVATION)

Wet weather observations are required to be done during the first hour of discharge during a storm event preceded by at least 3 working days without storm water discharge. Observations are required for each month from October through May.

Within 1st hr of discharge _____ (yes/no)
 Preceded by 3 dry days _____ (yes/no)

Approximate time storm water discharge began: 12 (am/pm)
 Approximate amount of discharge _____ gallons

Location:	Observations: (Circle all that apply)	Describe Discharge:	Describe Discharge Source:
RWC DOCK	<input type="checkbox"/> Floating Material <input type="checkbox"/> Suspended Material <input type="checkbox"/> Odors <input type="checkbox"/> Oil/Grease Sheen	Rain Water.	Collecting Dusts at Redwood City Dock.
	<input type="checkbox"/> Discolorations <input type="checkbox"/> Cloudiness		

Comments/corrective actions taken: Began to rain last ~~am~~ night after midnight.
Did not occur during work hours

Inspector's name Sawicki
 Signature [Signature]

Title Supervisor
 Date 2/5/09 Time 0800 AM

WET WEATHER INSPECTION FORM
(STORM WATER DISCHARGE VISUAL OBSERVATION)

Wet weather observations are required to be done during the first hour of discharge during a storm event preceded by at least 3 working days without storm water discharge. Observations are required for each month from October through May.

Within 1st hr of discharge (yes/no)
Proceeded by 3 dry days (yes/no)

Approximate time storm water discharge began: 9:40 am/pm
Approximate amount of discharge at gallons

Location:	Observations: (Circle all that apply)	Describe Discharge:	Describe Discharge Source:
REDWOOD CITY Dock	Floating Material Suspended Material Odors Oil/Grease Sheen	Slight RAIN -RAIN WATER	RWC Collecting Ducts.
	Discolorations Cloudiness		

Comments/corrective actions taken: Attempted a sample during 1st hour of rain. Buckets filled until 11:00 hrs, still not enough for sample. (Slight rain)

Inspector's name Dennis Lee
Signature [Signature]

Title Supervisor
Date 3/10/09 Time 09:45 am

WET WEATHER INSPECTION FORM
(STORM WATER DISCHARGE VISUAL OBSERVATION)

Wet weather observations are required to be done during the first hour of discharge during a storm event preceded by at least 3 working days without storm water discharge. Observations are required for each month from October through May.

Within 1st hr of discharge / (yes/no)
Preceded by 3 dry days / (yes/no)

Approximate time storm water discharge began: 7:15 am pm
Approximate amount of discharge _____ gallons

Location:	Observations: (Circle all that apply)	Describe Discharge:	Describe Discharge Source:
Redwood City, CA Redwood City Oak	<input type="checkbox"/> Floating Material <input type="checkbox"/> Suspended Material <input type="checkbox"/> Odors <input type="checkbox"/> Oil/Grease Sheen	Storm Water	Collecting Suits at Rock Pools.
	<input type="checkbox"/> Discolorations <input type="checkbox"/> Cloudiness		

Comments/corrective actions taken: Set out buckets during the first sight of rain at the
collecting suits, not enough water accumulated to take a sample. Notified
Sean Riley at 1600 Hrs the same day.

Inspector's name Danish Khan
Signature [Signature]

Title Supervisor
Date 4/7/09 Time 09:30 AM

**WET WEATHER INSPECTION FORM
(STORM WATER DISCHARGE VISUAL OBSERVATION)**

Wet weather observations are required to be done during the first hour of discharge during a storm event preceded by at least 3 working days without storm water discharge. Observations are required for each month from October through May.

Within 1st hr of discharge _____ (yes/no)
 Preceded by 3 dry days _____ (yes/no)

Approximate time storm water discharge began: _____ am/pm
 Approximate amount of discharge _____ gallons

Location:	Observations: (Circle all that apply)	Describe Discharge:	Describe Discharge Source:
Redwood City	<input type="checkbox"/> Floating Material <input type="checkbox"/> Suspended Material <input type="checkbox"/> Odors <input type="checkbox"/> Oil/Grease Sheen	NO DISCHARGE	RW Collecting Ducts
	<input type="checkbox"/> Discolorations <input type="checkbox"/> Cloudiness		

Comments/corrective actions taken: NO STORM RAIN DURING THE MONTH. SLIGHT RAIN, BUT NOT ENOUGH FOR A SAMPLE.

Inspector's name JAN LAR
 Signature [Signature]

Title SUPERVISOR
 Date 5/29/09 Time 0900 AM